

Uniatowski v. OAPSE Local 579
Complaint

Exhibit A

**OAPSE
AFSCME**

Local No. _____

Suffix _____

Last Name _____ M.I. _____ ☐ M or ☐ F

First Name _____

S.S.N. _____ D.O.B. ____/____/____

Address _____

City _____ State _____ ZIP _____ + _____

Home Phone (____) _____ *Cell Phone (____) _____

County of Residence _____ ☐ Yes! I would like to receive important alerts from my Union!

Personal Email _____

Job Classification _____

I hereby apply (or re-apply) for membership in the Ohio Association of Public School Employees (OAPSE/AFSCME Local 4/AFL-CIO) (hereafter "OAPSE" or the "Union") and I agree to abide by its Constitution and By-laws. I authorize the Union and its successor or assign as my bargaining agent on matters of wages, hours, working conditions or other matters that may affect my employment. I further authorize and direct my Employer to deduct OAPSE State dues and Local dues (current or as increased) from my salary or wages and remit the same to the OAPSE State Treasurer. This voluntary authorization of dues deduction and assignment shall be irrevocable, regardless of whether I am or remain a member of the Union, for a period of one year from the date that I signed and shall automatically renew from year-to-year thereafter, unless I give to the OAPSE State Treasurer written notice of revocation signed by me during the ten-day period before the end of the initial one-year term or any renewal year thereafter. I further agree that dues deduction may not be revoked at any other time or in any other manner except as provided herein. Dues, contributions or gifts to OAPSE are not tax deductible as charitable contributions for federal income tax purposes. However, they may be tax deductible as ordinary and necessary business expenses. This membership application/dues check-off authorization supersedes any prior membership application/dues check-off authorization I have signed. I recognize that my authorization of dues deductions, and the continuation of such authorization from one year to the next, is voluntary and not a condition of my employment.

Signature _____ Date ____/____/____

* By providing your cell phone number, you consent to receive calls (including recorded or autodialed calls, or text messages) at that number from AFSCME and its affiliated labor, political and charitable organizations on any subject matter. Your carrier's rates may apply. You may modify your preferences by calling the Union at (614)890-4770.

AFSCME PEOPLE PAYROLL DEDUCTION FORM

Circle Jacket Size: XS S M L XL 2X 3X 4X 5X

☐ Jacket received at sign-up. ☐ No, OAPSE Office to send my jacket to the name and address listed above.

YES, I want to contribute the following amount to AFSCME PEOPLE through PAYROLL DEDUCTION. The amount authorized is to be deducted annually in equal installments.

Champion Levels of Participation: ☐ \$100 (MVP) ☐ \$250 (MVP-Bronze)

☐ \$500 (MVP-Silver) (or) ☐ \$1,000 (MVP-Gold) ☐ Other \$ _____

I hereby authorize my Employer and associated agencies to deduct from each pay period the appropriate amount which will reflect my total annual contribution certified on this form as a voluntary contribution to be paid to the Treasurer of AFSCME/PEOPLE, c/o OAPSE/AFSCME Local 4/AFL-CIO, 6805 Oak Creek Drive, Columbus, Ohio 43229-1591, to be used for the purpose of making political contributions and expenditures. My contribution is continuous unless revoked by giving written notice to my Employer and my Union. My contribution is given voluntarily and I understand that it is not required as a condition of membership in any organization, or as a condition of continued employment, and is free of reprisal. I understand that any contribution guideline is only a suggestion and I am free to contribute more or less than that amount and will not be favored or disadvantaged due to the amount of my contribution or refusal to contribute. In accordance with federal law, the PEOPLE Committee will accept contributions only from members of AFSCME and their families. Contributions or gifts to AFSCME PEOPLE are not deductible for federal tax purposes.

Signature _____ Date ____/____/____

Recruiter _____ Local No. _____

[WHITE - OAPSE State Office] • [GREEN - AFSCME International Office] • [CANARY - School Treasurer] • [PINK - Local Treasurer] • [GOLD - New Member]

